

NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS
Application for Privileges
N.J.A.C. 13:35-4A.12

By this application I am seeking from the Board privileges, pursuant to N.J.A.C. 13:35-4A.12, to entitle me to perform, in the office setting, the procedures identified. The procedures which I have checked in this application package are not included in any listed hospital privileges which I hold.

I understand that I must submit with this application package the appropriate supporting documentation - which is further identified in the application instructions which were received with this application.

I understand that my name and license number must appear on the bottom of each page of the application to assure that all parts of my application can be identified as part of my submission.

I. General Information

Name of Licensee:
License #:

Medical School:

Residency:

Birth date:

Address of Record:

Hospital or Health Care Facilities Where I Hold Privileges

1.

Licensed Hospital or Facility Name

Licensed Hospital or Facility Address

Telephone

Category (Active, Associate, Courtesy, Admitting)

Privileges Specialty

2.

Licensee Name: _____ License Number: _____

Licensed Hospital or Facility Name

Licensed Hospital or Facility Address

Telephone

Category (Active, Associate, Courtesy, Admitting) Privileges Specialty

Required additional Application for Alternative Privileges delineation of privileges materials are available for permitted in-office procedures in the following specialty subject areas:

Anesthesia
Conscious Sedation - Anesthesia
Colon and Rectal Surgery (Proctology Procedures)
Dermatology
General Surgery
Medical/Pediatric Subspecialty Services Requiring Anesthesia Services
Obstetrics and Gynecology
Ophthalmology
Orthopedics
Otolaryngology - Head and Neck / Facial Plastic Surgery
Plastic and Reconstructive Surgery
Psychiatry
Radiological Procedures Requiring Anesthesia Services
Thoracic Surgery
Vascular Surgery
Urology
Podiatric Surgery

Licensee Name: _____ License Number: _____